

SLA # \_\_\_\_\_  
For the 1 2 3 4 Quarter 20\_\_\_\_  
(circle one)

STATE OF NEW JERSEY  
DEPARTMENT OF BANKING AND INSURANCE  
THE SURPLUS LINES EXAMINING OFFICE  
PO Box 325, Trenton NJ 08625-0325

SCHEDULE TO SUPPORT TAX RETURN

Producer Name \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

(1) Transaction Number	(2) C o d e	(3) Name of Insured	(4) Policy Number	(5) Term From	(5a) Term To	(6) NAIC/ISI Number	(7) Premiums Fire	(7) Premiums All Others	(8) N/T
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Cumulative Totals									